

**MONTANA BOARD OF CHIROPRACTORS**  
**PO BOX 200513**  
**(301 S PARK, 4TH FLOOR - Delivery)**  
**HELENA, MONTANA 59620-0513**  
**(406) 444-6880, FAX (406) 841-2305**  
**EMAIL: [UnitA@mt.gov](mailto:UnitA@mt.gov) WEBSITE: [www.chiropractor.mt.gov](http://www.chiropractor.mt.gov)**

**REQUEST FOR INACTIVE LICENSE**

**PLEASE PLACE MY MONTANA CHIROPRACTIC LICENSE ON INACTIVE STATUS**

NAME \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

**24.126.701 INACTIVE STATUS AND CONVERSION TO ACTIVE STATUS**

(1) A licensed chiropractor who wishes to retain a license but who will not be practicing chiropractic in Montana, may obtain an inactive status license upon submission of an application. An individual licensed on inactive status may not practice chiropractic in Montana during the period in which the licensee remains on inactive status.

(2) An individual licensed on inactive status may convert the inactive status license to active status by submission of an appropriate application, payment of the renewal fee for the year in question, evidence that any and all chiropractor licenses in other jurisdictions are unrestricted with no pending discipline, and evidence of one of the following:

(a) during each year of inactive status in this state, full-time (no less than 1500 hours per year) practice of chiropractic under a license in good standing in another state that requires completion of continuing education substantially equivalent to that required under these rules and fulfillment of those requirements; or

(b) proof of completion of 13 hours of approved continuing education in the year preceding activation.

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Date